



Guidebook

Iowa Local Boards of Health

Local Board of Health Guidebook

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Welcome to the local board of health!

As a volunteer you have been entrusted with many responsibilities and the opportunity to affect the health of those your board serves. This guidebook is meant to assist you in carrying out your duties as a local board of health member.

Public health is a constantly changing field. It must change to address the needs of the population. Public health isn't about any one individual, or any one health problem. Public health has a broader focus.

For example, public health

- provides protection from disease by assuring that Iowans receive their vaccinations;
- prevents environmental illnesses by assuring that laws are enforced to make sure Iowans have safe water to drink and safe food to eat;
- works to make sure that children have access to dental services;
- brings members of a community together to determine health priorities and to make plans to address those needs.

You aren't in this alone. As a local board of health member you will be supported by a variety of local health partners and the Iowa Department of Public Health. The Iowa Department of Public Health is prepared to offer you technical assistance in a number of areas, including but not limited to your role as a local board of health member. Thank you so much for the work you will do on behalf of Iowans.



What is Public Health?

The mission of public health is “the fulfillment of society’s interest in assuring conditions in which people can be healthy.” This includes organized community efforts to prevent, identify, and counter threats to the public.

- Institute of Medicine, 1988

Providing public health services is no small undertaking. As a local board of health member you will be actively involved in efforts to prevent, identify, and counter threats in the area of Iowa that you serve.

You will find as you begin this work that public health is a broad field. It can be largely defined by looking at public health service delivery in five areas:

1. Prevention of epidemics and the spread of disease
2. Protection against environmental hazards
3. Prevention of injuries (both intentional and non-intentional)
4. Promotion of healthy behaviors
5. Preparing for, responding to, and recovering from public health emergencies

In order to deliver quality services, public health infrastructure also must be strong. To have the infrastructure necessary consider these areas:

1. Governance (the local board of health)
2. Administration
3. Communication and Information Technology
4. Workforce
5. Community Assessment and Planning
6. Evaluation

As a local board of health member you will learn more about all the areas of public health. As you carry out your duties, remember these guiding principles for local board of health members.

1. Support the mission of public health.

- Promote understanding of the importance of public health.
- Support local public health department activities impacting public health.

2. Communicate with residents in the area you serve (city, county or district).

- Discuss health issues and concerns with business and community leaders.
- Share plans for public health with those in the community and obtain their input.

3. Develop public health policy based on input from the community.

- Determine policy based on current and reliable data.
- Support policy for population-based public health and for individual health.

4. Assure compliance with legal responsibilities.

- Understand the statutory basis (what the law says) on which board responsibility is established.
- Conduct board meetings in accordance with the Iowa Open Meetings law (more about this later).

5. Understand and support quality and accountable practices.

- Develop an understanding of public health's budget process.
- Assure that program standards and requirements are met.



The History of Public Health in Iowa

Public health in Iowa dates back to 1866. Included here is a summary of legislation, plans, and reports that have shaped public health in Iowa.

1866 - Original Local Health Law

The Original Local Health Law designated the mayor and members of the town council or the township trustees in the rural areas as the local board of health. The law gave board members the authority to establish regulations for public health and safety, to control nuisances, and to regulate sources of filth and causes of sickness in communities.

1880 - State Board of Health Law

This law created the state board of health for the purpose of collecting vital statistics, establishing duties of local boards of health, and punishing neglect of duties. The law required each town, city, or township board to appoint a physician as a health officer for the community.

1967 - New Local Health Act

Chapter 137 of the Code of Iowa marked the beginning of a new era of public health in Iowa. Each county was required to establish a local board of health with one member being a physician licensed by the State of Iowa. The county board of supervisors would appoint additional members to the local board. The law provided cities with populations greater than 25,000 with the option to establish a city board of health. Counties and cities could form district boards of health.

1988 - The Future of Public Health

This report, published by the Institute of Medicine, provided a contemporary definition of public health, "*what we, as a society, do collectively to assure the conditions in which people can be healthy.*" The core public health functions of *Assessment, Policy Development, and Assurance* provided a framework for public health in Iowa.

1993 - Healthy Iowans 2000

A health plan for Iowa, including health promotion and disease prevention goals and actions steps, was published.

1994 - The Essential Public Health Services

The Public Health Functions Steering Committee, representing 17 national organizations, further defined the core public health functions by adopting 10 essential public health services.

1995 - Iowa Code Chapter 137 – Local Boards of Health

The Local Health Act was renamed Local Boards of Health.

1998 - Iowa Administrative Code Chapters 77 and 78

The Administrative Rules in Chapter 641.77 incorporated the core public health functions and the essential public health services into the roles and responsibilities of the local boards of health. Chapter 641.78 itemized rules for district health departments.

2000 – Healthy Iowans 2010

Approximately 550 Iowans, representing more than 200 separate organizations, developed an updated health plan for Iowans.

2001 – Transformation of the Public Health Delivery System in Iowa

This initiative was an effort to chart a course for the 21st century and develop strategies to strengthen the delivery of public health services in Iowa. An inclusive process, both local and state public health professionals, as well as representatives of private and public sector were engaged in dialogue and planning for changes. Six core areas were addressed they included:

1. Marketing the relevance of public health
2. Maximizing available resources through increased flexibility and aggregation of resources
3. Having an adequate local public health infrastructure
4. Focusing needs on achievement of goals established in Healthy Iowans 2010 through core public health programs
5. Encouraging regional linkages
6. Establishing accountability and performance measures.

2004 – Redesigning Public Health in Iowa

After a set of regional meetings between local public health partners and the leadership team of the Iowa Department of Public Health, a group of 25 (13 local and 12 state) public health practitioners was assembled to address commonly heard issues affecting the public health system. This group decided it was necessary to develop standards for public health in Iowa. These standards would begin to assure that a basic set of public health services was available to all Iowans.

2007 – Iowa Public Health Standards

The Iowa Public Health Standards were finalized by the Redesigning Public Health in Iowa Work Group. This was the culmination of two years of work by 150 local and state public health practitioners. The standards were developed in 11 component areas and included both local and state criteria.

2009 – The Public Health Modernization Act

The Public Health Modernization Act was signed by the governor. This law established the timeline for a voluntary accreditation system to be put in place for Iowa's local and state public health departments. It also established the Public Health Advisory Council and Public Health Evaluation Committee to serve as oversight bodies for the implementation of the law.

2010 – Iowa Code Chapter 137 Updated

A major revision of this law, the first since 1967, updated the roles and responsibilities of the local board of health; provided greater enforcement capability to the local board of health; and clarified language around the development of district boards of health.





The Local Board of Health

The local board of health is described in law in Iowa Code Chapter 137. It is described in rule in Iowa Administrative Code chapter 641.77. Law and rule define the structure, powers, and duties of the local board of health. The following information is a summation of the two.

LOCAL BOARD OF HEALTH JURISDICTION AND APPOINTMENT:

There are three types of local boards of health.

1. City (has to have been in existence before July 1, 2010)
 2. County
 3. District
- City boards of health have jurisdiction over public health matters within the city. City board members are appointed by the city council.
 - County boards of health have jurisdiction over public health matters within the county. County board members are appointed by the county board of supervisors.
 - District boards of health have jurisdiction over public health matters within the district. District board of health members are appointed by the county boards of supervisors from the counties represented by the district.

MEMBERSHIP OF A LOCAL BOARD OF HEALTH:

- Each local board of health shall consist of at least five members. One of the members must be a physician licensed in the state of Iowa.
- The membership term is three years, members may be re-appointed.
- Members shall serve without compensation, but may be reimbursed for necessary expenses.
- Vacancy due to death, resignation, or other cause shall be filled as soon as possible after the vacancy exists for the unexpired term of the original appointment.

ORGANIZATION OF A LOCAL BOARD OF HEALTH:

- Each year the local board of health needs to elect a member to serve as the chairperson.
- The board may choose to elect a vice-chairperson, secretary, or other officers as necessary.

MEETINGS:

- The board shall meet at least six times a year.
- The time, place, and date of regular meetings should be determined by vote of the local board.
- Meetings must comply with Open Meeting Law (Iowa Code Chapter 21) and Public Records Law (Iowa Code Chapter 22).
- A majority of the members shall be considered a quorum.
- An affirmative vote of the majority of the members present is necessary for action taken.
- Before approving any rule or regulation the board shall hold a public health on the proposed rule.

BOARD OF HEALTH REPORTING TO THE IOWA DEPARTMENT OF PUBLIC HEALTH:

- Each member's name and contact information is to be submitted once a year.
- Names of the chairperson and other officers are to be submitted once a year.
- A copy of regular and special meeting minutes should be submitted once they are approved. Meeting minutes should include a list of the members present and clearly document official action taken by the board.

FISCAL RESPONSIBILITY:

- Boards of health in Iowa should take an active role in assessing public health needs in their jurisdiction and evaluating whether current services are being successful in helping meet those needs. It is expected that this role will continue to expand and will include setting public health goals and priorities, shaping service delivery systems, and ensuring the efficient and effective use of resources. Boards of health will be bringing together contractors, payees, and other partners in order to fulfill the roles and responsibilities laid out in Iowa Code and Iowa Administrative Code.
 - Advantages to this control include better management of limited resources, increased flexibility to direct funds to address local needs and priorities, decreased duplication of services and support of regional linkages.
- When a board of health employs and directly oversees public health staff, the board's fiscal responsibilities will include:
 - Setting financial direction, approving the annual budget, approving financial guidelines, and policies and procedures.
 - Planning for expenses and revenues and monitoring financial status.
 - Delegating implementation of the budget
- When the local board of health does not directly oversee public health staff, but contracts with other entities for public health services, the board will have its own budget for board of health operating expenses.

- When the board of health is a contractor (a legal arrangement for the receipt of public health funds in exchange for services) or establishes subcontracts with nonprofit organizations, the board is required to meet the fiscal and reporting requirements of the funding source.

ALLOWABLE BOARD OF HEALTH BUSINESS EXPENSES:

- Reimbursement for travel in private car or public transportation.
- Lodging and meal expenses.
- Public transportation when traveling on board of health business.
- Training and education expenses.
- Reimbursement for necessary expenses in accordance with rules established by the state board of health or the applicable jurisdiction.

POWERS OF THE LOCAL BOARD OF HEALTH:

Local boards of health are the governing boards in their city, county, or district for public health. They establish the framework for public health. They provide local public health vision, mission, and advocacy and encourage community involvement in selecting public health priorities. Local boards of health:

- Enforce state health laws and the rules and lawful orders of the state department.
- Make and enforce such reasonable rules and regulations not inconsistent with law, the rules of the state board, or the Iowa public health standards as may be necessary for the protection and improvement of the public health.
 - Rules of a city board shall become effective upon approval by the council and publication in a newspaper having general circulation in the city.
 - Rules of a county board shall become effective upon approval by the county board of supervisors by a motion or resolution as defined in Iowa Code 331.101, subsection 13, and publication in a newspaper having general circulation in the county.
 - Rules of a district board shall become effective upon approval by the district board and publication in a newspaper having general circulation in the district.
 - Before approving any rule or regulation the local board of health shall hold a public hearing on the proposed rule. Any citizen may appear and be heard at the public hearing. A notice of the public hearing, stating the time and place and the general nature of the proposed rule or regulation shall be published in a newspaper having general circulation as provided in Iowa Code section 331.305 in the area served by the local board of health.
- Employ persons as necessary for the efficient discharge of its duties.

ADDITIONAL POWERS OF THE LOCAL BOARD OF HEALTH INCLUDE:

- May provide such population-based and personal health services as may be deemed necessary for the promotion and protection of the health of the public.

- May provide such environmental health services as may be deemed necessary for the protection and improvement of the public's health.
- May engage in joint operations and contract with colleges and universities, the state department, other public, private, and nonprofit agencies, and individuals or form a district health department to provide personal and population-based public health services.
- May enforce appropriate public health ordinances by agreement with the council of any city within its jurisdiction.
- May charge reasonable fees for personal and public health services. No person shall be denied necessary services within the limits of available resources because of inability to pay the cost of such services.
- May issue licenses and permits and charge reasonable fees in relation to the construction or operation of nonpublic water supplies or private sewage disposal systems.

LOCAL BOARDS OF HEALTH AND THE IOWA PUBLIC HEALTH STANDARDS:

- Local boards of health may:
 - Designate an agency to assure compliance with the Iowa Public Health Standards in the jurisdiction.
 - Demonstrate a commitment to comply with the Iowa Public Health Standards.
 - Request at least annually reports from organizations that provide public health services within the jurisdiction.

LEGAL RESPONSIBILITIES OF THE LOCAL BOARD OF HEALTH:

The local board of health may by contract, merger, or any other legal means see that certain responsibilities can be provided by another entity. If a local board of health chooses to subcontract services the board is still responsible for making sure that the services are delivered.

As stated earlier the local board of health's responsibilities and duties are established in Iowa Code, and implemented through Iowa Administrative Code. Duties covered above in this guidebook have come directly from Iowa Code Chapter 137 and Iowa Administrative Code 641.77, but these are not the only areas of code and administrative code that describe responsibilities and duties of the local board of health.

Iowa Code and Iowa Administrative Code authorize local boards of health to conduct a broad array of legal activities. This list is updated annually by the Iowa Department of Public Health. The list is available on the department's website at http://www.idph.state.ia.us/hpcdp/local_board_of_health.asp.

LOCAL BOARD OF HEALTH PHYSICIAN RESPONSIBILITY:

The physician member of the local board of health has a unique responsibility as a liaison to the community and other medical professionals because of specific medical training and experience. The physician member of the board should:

- Know the health and threats to the health of the community the local board of health serves.
- Take an active role in healthcare discussions with physician colleagues.
- Explain the role of public health in prevention of disease and promotion of health in community settings.

CONFLICT OF INTEREST:

Because of the public service mission of public health, it is important that the community have confidence in their local board of health. In order to deal with the issue of conflict of interest and the disclosure of such it is recommended that the board of health consult with the local county attorney.

- Guidelines for avoiding conflict include:
 - Serve public health as a whole rather than any special interest group or constituency
 - Avoid the appearance of a conflict of interest and disclose any potential conflicts to the board in a timely fashion
 - Maintain independence and objectivity with a sense of fairness, ethics, and personal integrity
 - Comply with Iowa Code Chapter 68B which includes Iowa Gift Law.

WORKING WITH THE COUNTY BOARD OF SUPERVISORS:

It is very important that the local board of health and county board of supervisors have a good working relationship. Both have different responsibilities related to public health, but it is in the interest of both to have quality public health services available to the constituents they each serve.

- The local board of health is reliant on the county board of supervisors for:
 - Appointment of board of health members
 - Approval of adopted rules and regulations of the board of health
 - Appropriation of funding.
- A district board of health is reliant of local boards of supervisors for:
 - Appointment for members of a district board of health
 - Adopted rules and regulations approved and so they can be implemented by the district board of health
 - Financial support for public health of the district's constituents when appropriate.

WORKING WITH THE COUNTY ATTORNEY:

The county attorney has an obligation to represent and provide advice and opinion to local boards of health. The local board of health may under certain circumstances seek outside legal counsel.

GUIDELINES FOR MEETINGS:

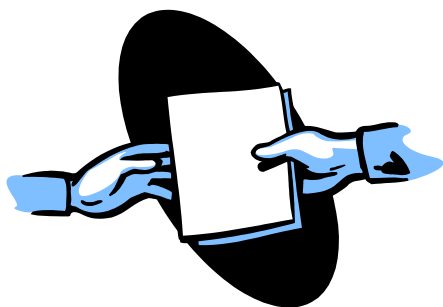
- Meetings should be arranged for the convenience of the board members. If at all possible select a regular time and date for the meeting.
- Meeting materials should be provided to board of health members several days prior to the meeting. All materials should be reviewed by the board of health in preparation for the meeting.
- Board of health members should assist in determining meeting agendas.
- Begin meetings on time.
- Take attendance.
- Approve minutes from the last meeting.
- Receive reports from public health officials, directors, and other providers. Written reports may be submitted in advance.
- Handle unfinished business from earlier meetings before moving on to new business.
- End each meeting by stating the date and time of the next scheduled meeting.
- Adjourn the meeting at the conclusion of the meeting.
- A designated person should keep the minutes. The minutes should be on letterhead and include:
 - Date, time, place, board members and guests present.
 - Include all motions and actions taken by the board.
 - A record of the vote of each member present.
- Additional tips on meeting minutes:
 - Minutes do not need to include the discussion that led to the board action, but should have enough detail to explain the reasoning of the board.
 - Minutes should be kept concise and factual.
 - The minutes should reflect who took the minutes.

OPEN MEETINGS AND OPEN RECORDS:

Board of Health meetings need to be conducted according to the requirements of the Iowa open meetings and open records laws, which are in Chapters 21 and 22 of Iowa Code. For more information on this topic consult the “Iowa Open Meetings, Open Records Handbook” available from the Iowa Freedom of Information Council.

ELECTRONIC MEETINGS:

Requirements for holding electronic meetings are contained in the Iowa Open meetings law (Section 21.8 of Chapter 21 of the Iowa Code).



Working with the Iowa Department of Public Health

DEFINING THE RELATIONSHIP BETWEEN THE LOCAL BOARD OF HEALTH AND THE IOWA DEPARTMENT OF PUBLIC HEALTH

The Iowa Department of Public Health provides general supervision of the state's public health. The department and local boards of health have both a contractual and statutory (outlined in law) relationship. Iowa law authorizes local boards of health and defines their responsibilities. The department provides funding to local boards of health through a variety of contractual agreements; these agreements often stipulate reporting requirements. Local boards of health are autonomous in some areas, as Iowa is a home-rule state. There are times, though, when the local board will seek state approval for some activities. Ultimately, local boards of health are responsible to their constituents in matters of public health.

Technical assistance and consultation are available from the department as described below.

The Iowa Department of Public Health:

- Provides information, consultation, and support to local boards of health regarding board of health roles and responsibilities, essential public health services, and significant public health issues.
- Contracts with local boards of health to assure the delivery of the core public health functions and essential public health services.
- Provides technical assistance to local boards of health as they update and submit community health needs assessments and health improvement plans.
- Supports the continued development of local public health systems, including performance-based contracting, meeting public health standards, and quality improvement and assurance.

A summary of some of the more specific areas of technical assistance include the following programs:

LOCAL PUBLIC HEALTH SERVICES

Regional community health consultants are departmental staff who reside in the region and work at the local level. The consultants assist local boards of health and local public health staff to strengthen skills in the delivery of public health services through:

- Educating the local boards of health regarding their role and responsibilities;
- Orienting new public health directors to assure that public health partners have adequate skills and resources necessary to deliver essential public health services;
- Acting as a catalyst for sharing best practices among local boards of health, local public health agencies, and the Iowa Department of Public Health that are related to health planning and policy development efforts.

ENVIRONMENTAL HEALTH SERVICES

Technical assistance for environmental health issues is available through department staff in the Division of Environmental Health. The Division of Environmental Health partners with the Iowa Department of Natural Resources (DNR), Iowa Department of Agriculture and Land Stewardship (IDALS), the State Hygienic Laboratory (SHL) and the Iowa Department of Inspections and Appeals (DIA). These agencies have oversight for different environmental health services.

Local boards of health have specific duties outlined in law regarding environmental health. Iowa Code 455B.172 states that the local board of health is the administrative authority for on-site waste water systems (Iowa Administrative Code 567 – Chapter 69) and nonpublic (private) water wells (Iowa Administrative Code 567 – Chapter 49). This requires the local board of health to adopt standards and enforce those standards within its jurisdiction.

Iowa Code and Iowa Administrative Code requirements place additional responsibilities on local boards of health. These include:

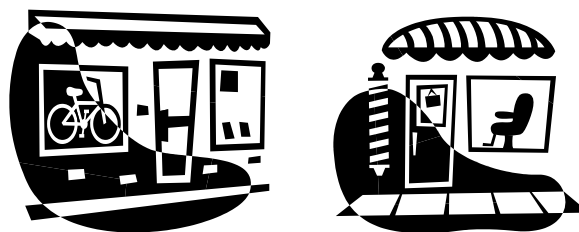
- 1) Iowa Code 351 “Dogs and Other Animals”
- 2) Iowa Administrative Code 21 – Chapter 61 “Dead Animal Disposal”
- 3) Iowa Administrative Code 567 – Chapter 68 “Commercial Septic Tank Cleaners”

Finally, local boards of health commonly have oversight for programs including, but not limited to, the grants to counties program (private water well program), lead poisoning prevention, public health nuisances, food establishment inspections, swimming pool and spa inspections, tattoo establishment inspections, tanning bed inspections, and time of transfer (real estate) inspections for onsite waste water systems.

INFECTIOUS AND REPORTABLE DISEASES

The Iowa Department of Public Health provides technical assistance in the area of infectious and reportable diseases through the Center for Acute Disease Epidemiology (CADE) and a team of regional epidemiologists. The regional epidemiologists reside in the region and work at the local level. Staff members are available for consults with local boards of health, local health departments, nurses, physicians, and the public. CADE conducts surveillance on reportable diseases and unusual disease activity. Surveillance is done to identify cases of disease and intervene to prevent more cases from occurring. In the event of an outbreak in your jurisdiction, technical assistance will be provided to assist in the effective handling of the outbreak. There are several fact sheets available on the department's website describing Iowa's reportable diseases, infectious diseases, disease trends, and the local and state level response to an outbreak.

To learn more about the Iowa Department of Public Health or to request technical assistance in one of the areas listed or beyond, call 515-281-7689 or visit the department's website at <http://www.idph.state.ia.us/>.



Community Health Planning

Local boards of health play a critical leadership role in advocating for community health and in spearheading strategies and initiatives to improve community health.

Community health planning happens on both a state and county level. Understanding the relationship between state-level initiatives and county-level initiatives is important so that you can carry out your duties as a local board of health member.

COMMUNITY-BASED HEALTH PLANNING IN IOWA – THE CHNA & HIP

Using a standard reporting tool the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), every five years, local boards of health lead a community-wide discussion about their community's health needs and what can be done about them. A fundamental tenet of this effort is community participation in making decisions about improving the public's health and mobilizing support and resources for agreed-upon initiatives. Besides meeting the assessment and planning standards embodied in the Iowa Public Health Standards, the CHNA & HIP report provides health status information to the public and decision makers and also can rally the community around public health priorities. The counties' reports allow for a solid profile of the health priorities of the state and resources needed to address them.

Counties have the option of working together with other counties and submitting a report or reporting as a single county. The health improvement plan should be regularly reviewed to be sure that goals to address the health of the community are being met.

The report is organized around six overarching public health goals- preventing injuries; promoting healthy behaviors; strengthening the public health infrastructure; preventing epidemics and the spread of disease; protecting against environmental hazards; and preparing for, responding to, and recovering from public health emergencies. The assessment segment of the report (CHNA) outlines the results of the stakeholder discussion and community input. The health improvement plan (HIP) segment covers the specific goal or goals community stakeholders have set as a priority for action, who is responsible, the timeline, and its relation to one of the overarching goals.

The department supports the CHNA & HIP process with data assistance, resources, and training.

STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN

The state health assessment and health improvement planning follow a similar pattern to the local process. The Iowa Department of Public Health leads a state health assessment using the results of the CHNA & HIP process. Additionally, the department considers statewide public health data, public health partner input, and national public health resources in completing the state health assessment.

The state health improvement plan covers the specific goals and strategies that statewide community stakeholders have identified as priorities for action. It also specifies who is responsible, the timeline, and the relation to one of the overarching public health goals. It is used by individuals or groups for various purposes such as improving collaborative efforts, guiding policy development, applying for and obtaining funding, and informing strategic planning at the department.



Resources, Information Links, and References

This is a list of organizations and institutions relevant to public health practice and professionals and their web addresses. Web addresses may have changed since the list was developed.

STATE AGENCIES AND PARTNERS

hawk-i

www.hawk-i.org

This web site provides a description of the *hawk-i* child health insurance program in both English and Spanish and lists the phone number to request an application. The *hawk-i* board members are also listed with their e-mail addresses, the minutes of previous meetings, and a schedule of upcoming meetings.

Iowa Center for Public Health Preparedness

www.public-health.uiowa.edu/icphp

This web site represents an academic preparedness center funded by CDC.

Iowa Department on Aging

www.state.ia.us/government/dea

This site provides descriptions of the wide variety of programs and services administered by the agency along with answers to frequently asked questions by senior citizens. A number of related links to the federal government; general links on elder topics, health and research web sites, and State of Iowa links specific to the elder population are available.

Iowa Department of Agriculture and Land Stewardship

www.agriculture.state.ia.us

The web site provides access to information about programs addressing water quality protection, the dairy laboratory, and the food laboratory (which also tests drinking water for coliform bacteria and nitrates).

Iowa Department of Education

<http://educateiowa.gov/>

Go to this site for information about educational programs and services, research and statistics, administrative rules, and many links including Iowa schools and off-site resources.

Iowa Department of Human Services (DHS)

www.dhs.state.ia.us

This site offers links to information about many services including hawk-i, Medicaid, PROMISE JOBS, Family Investment Program and more.

Iowa Department of Inspections and Appeals (DIA)

www.state.ia.us/government/dia/

Check this site for information about inspecting, licensing and/or certifying health care providers and suppliers, restaurants and grocery stores, social and charitable gambling operations, hotels and motels, and barber and beauty shops.

Iowa Department of Justice — Office of the Attorney General

www.state.ia.us/government/ag

The Attorney General is the chief legal officer of the state. This web site provides a guide to Attorney General opinions, legal research links, and an outline of the open record statute.

Iowa Department of Natural Resources (DNR)

www.iowadnr.gov/

This website provides access to information about programs addressing air quality, water quality, animal feeding and waste management, and disposal of dead livestock, chemical spills, and solid waste management.

Iowa Department of Public Health

www.idph.state.ia.us

This web site provides information and access to information such as *Healthy Iowans 2010*, resources, availability of funding, the department's strategic plan, links to divisions and bureaus, and an alphabetic listing of divisions, bureaus, and programs. Online resources include health resources, county and state data, and others.

Iowa Department of Public Safety State Fire Marshal's Office

www.dps.state.ia.us/fm/

This agency is home to the State Fire Marshall and information about fire safety regulations, building code provisions, and arson investigations.

Iowa Homeland Security and Emergency Management

www.homelandsecurity.iowa.gov

This division of state government supports local and state entities as they plan and implement mitigation's, preparedness, response and recovery strategies for natural, civil and technological emergencies and disasters. This division also coordinates, implements, and administers federal emergency management initiatives jointly with the Federal Emergency Management Agency (FEMA) and other federal agencies.

Iowa Legislature General Assembly

<https://www.legis.iowa.gov/index.aspx>

This site contains information specific to the Iowa Legislature, Code of Iowa and Iowa Administrative Code.

Prepare Iowa Learning Management System

<http://www.training-source.org/>

This site contains a host of training offered to public health professionals.

State of Iowa

www.iowa.gov/ OR www.housingworks.org/access/states/ia/ia.html

Go to this site to find links to the branch of state government or the state agency that has the information you need.

State Hygienic Laboratory

<http://www.shl.uiowa.edu/>

This site offers information about testing water, air, soil and a variety of other media that may affect the public's health.

University of Iowa College of Public Health

www.public-health.uiowa.edu

This site represents an accredited college of public health.

FEDERAL PARTNERS

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/

A wealth of information can be accessed at this web site including data and statistics; information about funding opportunities; health topic fact sheets; current health news; publications, software and other products; subscription services to CDC publications; and links to many other public health partners across the country

Environmental Protection Agency

www.epa.gov/

This website contains a host of information on protecting human health and the environment.

Food and Drug Administration (FDA)

www.fda.gov/

Go to this site for information on assuring the safety, efficacy, and security of human and veterinarian drugs, biological products, medical devices, the nation's food supply, cosmetics, and products that emit radiation.

United States Department of Agriculture

www.fns.usda.gov/fncs

Check this site for information about nutrition assistance (including Food Stamps and the WIC Program), initiatives to reduce hunger and food insecurity, the 2000 Dietary Guidelines, and links to information about the U.S. food supply and nutrition survey data.

U. S. Department of Health and Human Services (DHHS)

www.hhs.gov

Go to this site for links to the various DHHS agencies including Administration for Children and Families, Administration on Aging, Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Care Financing Administration (HCFA), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA).

Health Resources and Services Administration (HRSA)

www.hrsa.gov

Check this site for information and links about a variety of federally supported programs including maternal and child health, rural health, women's health, and many others. This site also features an information center with publications, resources and referrals on health care services for low-income, uninsured individuals and those with special health care needs.

PROFESSIONAL ASSOCIATIONS

American Public Health Association (APHA)

www.apha.org

This web site provides information about priorities for public health, conferences and links to state public health associations, the World Federation of Public Health Associations, and many other public health links.

Iowa Environmental Health Association

www.ieha.net

This web site provides valuable resources on environmental issues.

Iowa Public Health Association (IPHA)

<http://www.iowapha.org/>

The web site includes related public health links, directions on how to contact the association, a list of upcoming events, and hot topics.

Iowa State Association of Counties (ISAC)

www.iowacounties.org

ISAC's web site provides information about upcoming events, county information, legislative information, publications, and links to national resources, Iowa resources, ISAC affiliates, and a limited list of Iowa counties with their own web sites.

Mobilizing for Action through Planning and Partnerships (MAPP)

<http://www.naccho.org/topics/infrastructure/mapp/index.cfm>

This community-driven strategic planning process is available from National Association of County and City Health Officials (NACCHO)

National Association of County and City Health Officials (NACCHO)

www.naccho.org

This web site provides information about resources, public health advocacy, and upcoming training events for local health departments.

National Association of Local Boards of Health (NALBOH)

www.nalboh.org

Check this web site for information about local boards of health resources, training opportunities, projects, and affiliated organizations.

National Conference of State Legislatures (NCSL)

www.ncsl.org

Public users of this state (anyone other than state legislators and legislative staff) can access NCSL reports on a variety of policy issues and find a gateway to state legislative sites.

National Environmental Health (NEHA)

www.neha.org

Check this web site for environmental credentialing and certification, upcoming training opportunities, publications, and related links.

Upper Midwest Public Health Training Center

www.public-health.uiowa.edu/UMPHTC/

The Public Health Training Center, funded by HRSA, bridges the academic and practice communities in Iowa, Nebraska and South Dakota.

STANDARDS

The Environmental Health Competency Project

www.apha.org/programs/standards/healthcompproject/

This site contains information on recommendations for core competencies for local environmental health practitioners.

Iowa Public Health Modernization

www.idph.state.ia.us/mphi/

This site includes information on the history, current opportunities involvement and resources for educating others about public health modernization.

National Public Health Performance Standards Program

www.cdc.gov/nphpsp/index.html

Check this website for national public health performance standards for state and local public health systems and for public health governing bodies.



How a Bill Becomes a Law

As a local board of health member it will be important for you to understand how a bill becomes a law, and how rules in Iowa Administrative Code are adopted. A brief explanation of each is provided below.

The Code of Iowa is the Law of the State of Iowa. The Code of Iowa is created and adopted through the legislative process by legislators introducing a bill during the legislative session. Once a bill is introduced, it must go through a series of events before becoming law. The following is a brief overview of how a bill becomes a law.

1. A legislator decides to sponsor a bill. Ideas can come from many sources.
2. The legislator requests the idea to be drafted into a bill by the Legislative Services Agency.
3. The bill draft is then sent to the Senate or House where it is assigned a number and then sent to the President (Senate) or the Speaker (House).
4. The President (Senate) or the Speaker (House) assigns the bill to the standing committee within the chamber. The standing committee assigns the bill to a subcommittee. The subcommittee studies the bill and reports findings back to the standing committee.
5. The standing committee may report the bill to their respective chamber with recommendations of the standing committee. The standing committee may also send the bill to the chamber without recommendation. The standing committee also has the option to take no action on the bill.
6. Once the bill comes out of committee, it is placed on the Calendar, a listing of all bills eligible for debate. At this time legislators may file amendments to the bill.
7. The bill, and any amendments filed, is debated by the full chamber. Amendments must be approved by a simple majority of those members voting.
8. A constitutional majority must vote “yes” in order for the bill to proceed to the next chamber.
9. The bill goes through the same process in the second chamber. If the bill passes the second chamber without amendment, it is sent to the Governor. If the second chamber amends the bill, it must be sent back to the chamber or origin for approval of those amendments. If the chamber cannot come to an agreement on the version of the bill, a conference committee is appointed.
10. After the bill passes both chambers in identical form, it is sent to the Governor. The Governor may sign the bill, veto the bill, or take no action on the bill.

11. The bill becomes law upon the Governor's signature or after three days during the session if the Governor takes no action. Bills received by the Governor during the last three days of the session have to be signed or vetoed within 30 days.

A more comprehensive description of how a bill becomes a law can be found at <http://www.legis.iowa.gov/Resources/legisProcess.aspx>.

Iowa Administrative Code – How rules are adopted

The Iowa Administrative Code is the rules for each of the agencies within state government. In order for an agency to adopt a rule, authority must be given to the agency through an act or law of the legislative body. The following is a brief overview of the steps an agency must take in adopting, amending, or repealing any rule.

1. The agency must give notice of its intended action by submitting copies of the notice for publication in the Iowa Administrative Bulletin, which shall be published at least thirty-five days in advance of the action.
2. The agency shall allow twenty-five days for submission of comments in writing regarding the notice. Additionally, a public hearing is held to allow for oral presentation regarding the notice.
3. In some instances an agency can file for emergency adoption when public participation would be unnecessary, impracticable, or contrary to public interest. In this case, the public comment period outlined in number 2 above is inapplicable.
4. Upon completion of the public hearing, the action is then presented to the Administrative Rules Review Committee.
5. Upon adoption of the rule, the agency then files the rule in the Office of Administrative Rules Coordinator. Thirty-five days after this date is typically when the rule becomes effective.

A more comprehensive description of how a bill becomes a law can be found in Iowa Code Chapter 17A – Iowa Administrative Procedure Act.



Public Health Acronyms

Are you wondering what an acronym means? Included is a list of acronyms commonly used in public health.

AEA	Area Education Agency
CACFP	Child and Adult Care Food Program
CAP	Community Action Program, sometimes referred to as Community Action Agency
CARES	Child and Adolescent Reporting System; the web-based data system used by Iowa Title V agencies to record child health activities.
CDC	Centers for Disease Control and Prevention
CEA	Community Empowerment Area
CH	Child Health Program; refers to Title V Programs in Iowa.
CHIP	Child Health Insurance Program (Title XXI), also referred to as SCHIP. The Iowa program is known as hawk-i.
CHSC	Child Health Specialty Clinics
CSFP	Commodity Supplemental Food Program
DHHS	Department of Health and Human Services; a federal agency
DHS	Department of Human Services; a state agency with county offices
EFNEP	Expanded Food and Nutrition Education Program, an Extension Service program from USDA
EPSDT	Early Periodic Screening, Diagnosis and Treatment Program
FIP	Family Investment Program
FMNP	Farmers Market Nutrition Program
FNP	Family Nutrition Program, from USDA Extension
FP	Family Planning Program

FQHC	Federally Qualified Health Center
GTC	Grants to Counties Water Well Program
hawk-i	Healthy And Well Kids in Iowa, Iowa's Title XXI insurance program. Also known as CHIP or SCHIP.
HHA	Homemaker/Home Health Aide Program
I3	Infant Immunization Initiative, the national initiative
I4	Iowa Infant Immunization Initiative
IDPH	Iowa Department of Public Health
INEN	Iowa Nutrition Education Network
ISIIS	Iowa State Immunization Information System (also ADIOS)
MCH	Maternal and Child Health Program
MH	Maternal Health Program; refers to Title V Programs in Iowa
NAWD	National Association of WIC Directors
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NET	Nutrition Education Training Program
NHLBI	National Heart, Lung, and Blood Institute
PATH	Portable Access to Health, the WIC data system
PedNSS	Pediatric Nutrition Surveillance System
PHN	Public Health Nursing
PNSS	Pregnancy Nutrition Surveillance System
SCHIP	State Children's Health Insurance Program (Title XXI) also referred to as CHIP. The Iowa program is known as hawk-i.
USDA	United States Department of Agriculture
USPHS	United States Public Health Service
VFC	Vaccine for Children
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Glossary of Public Health Terms

Accreditation—The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.

Assessment—One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.

Assurance—One of the three core functions in public health. Making sure that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, by requiring action through regulation, or by direct provision of services.

Bioterrorism—The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population.

Capacity—The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.

Chronic disease—A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a nonreversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.

Clinical services/medical services/personal medical services—Care administered to an individual to treat an illness or injury.

Determinants of health—The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

Disease—A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.

Disease management—To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.

Endemic—Prevalent in or peculiar to a particular locality or people.

Entomologist—An expert on insects.

Epidemic—A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.

Epidemiology—The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.

Foodborne illness—Illness caused by the transfer of disease organisms or toxins from food to humans.

Health—The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality.

Health disparities—Differences in morbidity and mortality due to various causes experience by specific sub-populations.

Health education—Any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups or communities) conducive to health.

Health promotion—Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health.

Health status indicators—Measurements of the state of health of a specific individual, group or population.

Incidence—The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence.

Infant mortality rate—The number of live-born infants who die before their first birthday per 1,000 live births.

Infectious—Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”.

Intervention—A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.

Infrastructure—The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.

Isolation—The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.

Morbidity—A measure of disease incidence or prevalence in a given population, location or other grouping of interest.

Mortality—A measure of deaths in a given population, location or other grouping of interest.

Non-infectious—Not spread by infectious agents. Often used synonymously with “non-communicable”.

Outcomes—Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.

Outcome standards—Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.

Pathogen—Any agent that causes disease, especially a microorganism such as bacterium or fungus.

Police power—A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population.

Population-based—Pertaining to the entire population in a particular area.

Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.

Prevalence—The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention—Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

Primary medical care—Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.

Protection—Elimination or reduction of exposure to injuries and occupational or environmental hazards.

Protective factor—An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.

Public health—Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt and counter threats to the public's health.

Public health department/district—Local (county, combined city-county or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.

Public health practice—Organizational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.

Quality assurance—Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

Quarantine—The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.

Rate—A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.

Risk assessment—Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.

Risk factor—Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.

Screening—The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.

Social marketing—A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

Social norm—Expectations about behavior, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

Standards—Accepted measure of comparison that have quantitative or qualitative value.

State health agency—The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.

Surveillance—Systematic monitoring of the health status of a population.

Threshold standards—Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.

Years of potential life lost—A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.

(Sources: National Conference of State Legislatures, Public Health Accreditation Board)

Sample Job Description

POSITION:	Board of Health member
LENGTH OF TERM:	3 years, appointed by the Board of Supervisors
TIME INVOLVED:	Board meetings, (require prep time to review materials and possible follow-up after the meeting) may represent board on community groups.
ROLE:	<p>Discuss health issues and concerns with business and community leaders.</p> <p>Share plans for public health with the community and obtain their input.</p> <p>Obtain and use current and reliable data to determine policy.</p> <p>Support policy for population-based public health and for individual health.</p> <p>Oversee public health services in your jurisdiction.</p>
RESPONSIBILITIES:	<p>Understand the board's legal responsibilities.</p> <p>Conduct board meetings in accordance with the Iowa Open Meeting law.</p> <p>Adopt public health services supported by scientific research and established standards.</p> <p>Understand the fiscal support for public health in your community.</p> <p>Promote community understanding of public health.</p> <p>Hear public health program and service reports throughout the year.</p>

Board of Health Orientation Checklist

Topic	By Who	Date
BOH responsibilities including Iowa Code Chapter 137 and Iowa Administrative Code Chapter 641.77		
Member responsibilities		
Meeting schedule and location		
Local Board of Health Guidebook		
Local Board of Health Toolkit		
BOH Mission and Vision Statement		
Core public health functions		
Ten essential public health services		
Community Health Needs Assessment & Health Improvement Plan		
Iowa Public Health Standards		
Public health programs including objectives		
Public Health partners		
Funding for public health in the jurisdiction		
If BOH is the governing board of an agency, orientation should include; orientation to agency table of organization, policies, programs, staff, and budget		

Board of Health – Self Evaluation

AS A BOARD OF HEALTH MEMBER.....

1. Do you know under what legal authority you operate as a board? **YES OR NO**

Comments:

2. Are you familiar with IAC chapter 77 and Code of Iowa chapter 137? **YES OR NO**

Comments:

3. Do you know what legal counsel is available and appropriate for different legal issues? **YES OR NO**

Comments:

4. Do you know who your constituents are? **YES OR NO**

Comments:

5. Do you know and work with your community partners? (Others in the community who are also concerned about the health of the residents) **YES OR NO**

Comments:

6. Do you have clear, concrete, and realistic mission and vision statements?
YES OR NO

Comments:

7. Do your mission and vision statements drive your decisions? **YES OR NO**

Comments:

8. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to the board? **YES OR NO**

Comments:

9. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to your employees or contract partners?
YES OR NO

Comments:

10. Do you use appropriate, scientific, and community-driven data and information to make decisions, develop strategic planning and fulfill your role of assessment, assurance, and policy development? **YES OR NO**

Comments:

11. Do you regularly monitor the impact of public health programs in your jurisdiction? Do you expect time limited and measureable objectives related to the public health programs? **YES OR NO**

Comments:

12. Do you ask for and receive information that will assist you to perform your board duties? **YES OR NO**

Comments:

13. Do you routinely receive fiscal information that helps you oversee public health in your jurisdiction? **YES OR NO**

Comments:

14. Do you have a special system to annually review the public health programs in your jurisdiction? Does this evaluation system include use of sound data and reasonable and measurable agency and program objectives? **YES OR NO**

Comments:

15. Do you have an adequate orientation process for your members? **YES OR NO**

Comments:

16. Do you work with the board of supervisors to recruit the best possible board of health members as the need arises? **YES OR NO**

Comments:

17. Do you fulfill the requirements as a reliable board of health member through your commitment to regular attendance and participation at the board of health meeting? **YES OR NO**

Comments:

18. Do you feel the work of the board, and your work on the board, makes an important difference? **YES OR NO**

Comments:

Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

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